



TIME SHEET FOR DUAL EMPLOYMENT

Name: _____ EIN: _____ Pay Period End Date: _____
(MM/DD/YYYY)

Primary Employer:

Agency: _____ Org: _____ Distribution: _____ Pay Rate: _____

Dual Employer:

Agency: _____ Org: _____ Distribution: _____ Pay Rate: _____

Complete a new form for each additional employer

Date (MM/DD/YYYY)	Hours Worked*	Fund	Agency	Org	Appropriation Unit	Activity	Reporting Category	Project/Job
Charge Codes:								
Sat								
Sun								
Mon								
Tue								
Wed								
Thu								
Fri								
Week 1 Total								
Sat								
Sun								
Mon								
Tue								
Wed								
Thu								
Fri								
Week 2 Total								
Pay Period Total								
Mileage DOE MI								
Mileage DOE 9								

* Hours worked are defined by Federal and State law. For further clarification, See State DHRM rules for FLSA time reporting requirements.

By signing this time sheet, I verify the above hours worked are true and correct for this pay period.

Employee Signature: _____ Date: _____

Approval: _____ Date: _____

Contact Person: _____ Phone Number: _____